

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708617

FILED
Jan 08, 2009
Secretary of State

Entity Name: TRIANGLE BOAT CLUB, INC.

Current Principal Place of Business:

HWY 441 AT DEAD RIVER
P.O. BOX 341
TAVARES, FL 32778

New Principal Place of Business:

HWY 441 AT DEAD RIVER
TAVARES, FL 32778

Current Mailing Address:

HWY 441 AT DEAD RIVER
P.O. BOX 341
TAVARES, FL 32778

New Mailing Address:

HWY 441 AT DEAD RIVER
TAVARES, FL 32778

FEI Number: 59-2995827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THAMES, ROBERT
33609 PENNBROOK PKWY
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

BUXTON, BRUCE
11550 MAGNOLIA AVE
TAVARES, FL 32778 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRUCE BUXTON

01/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: COMD () Delete
Name: THAMES, ROBERT
Address: 33609 PENNBROOK PKWY
City-St-Zip: LEESBURG, FL 34748

Title: VCD () Delete
Name: KOZLOWSKY, CAREN
Address: 13910 SE 86 CIR
City-St-Zip: SUMMERFIELD, FL 34491

Title: RC () Delete
Name: RICHTER, KENT
Address: 12207 LAKESIDE LN
City-St-Zip: TAVARES, FL 32778

Title: T () Delete
Name: BURGESS, JAMES
Address: 1145 PINE RIDGE RD
City-St-Zip: LEESBURG, FL 34788

Title: S () Delete
Name: BURNS, MARY
Address: 12115 CANAL ST
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COMD (X) Change () Addition
Name: BUXTON, BRUCE
Address: 11550 MAGNOLIA AVE
City-St-Zip: TAVARES, FL 32778

Title: VCD (X) Change () Addition
Name: MYERS, CLARENCE
Address: 615 JUNIPER WAY
City-St-Zip: TAVARES, FL 42778

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES BURGESS

T

01/08/2009

Electronic Signature of Signing Officer or Director

Date